

B 210A (Form 210A) (12/09)

## UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Lehman Brothers Holdings Inc.,

Case No. 08-13555 (JMP)

### TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Banca del Piemonte con socio unico Spa  
Name of Transferee

Banca del Piemonte con socio unico Spa  
Name of Transferor

Name and Address where notices to transferee  
should be sent:

Court Claim # (if known): //  
Amount of Claim: Usd 2,842,561.73  
Date Claim Filed: 10/23/2009

Phone: 0039.011.5652.222/217  
Last Four Digits of Acct #: 88511

Phone: 0039.011.5652.222/217  
Last Four Digits of Acct. #: 76228

Name and Address where transferee payments  
should be sent (if different from above):

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

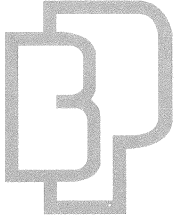
I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Banca del Piemonte Spa  
General Manager  
Transferee/Transferee's Agent

Date: 05/16/2011

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.*

(Required)  
see schedule attached



# Banca del Piemonte

3048.6 Società per Azioni  
con unico socio  
Sede Legale e Sede Centrale:  
10121 Torino - Via Cernaia, 7  
Telefono +39.011.56.52.1

Swift BDCP IT TT  
R.E.A. n. 35228  
Iscritta all'Albo delle Banche  
[www.bancadelpiemonte.it](http://www.bancadelpiemonte.it)  
Telefax +39.011.531.280

Capitale Sociale € 25.010.800  
Cod. Fisc. - Part. IVA - iscr. Registro  
Imprese di Torino n. 00821100013  
Aderente al Fondo Interbancario  
di Tutela dei Depositi

United States Bankruptcy Court  
Southern District of New York  
Lehman Brother Holdings Claims Processing Center  
c/o Epiq Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

Turin, May 16<sup>th</sup> 2011

**Re: Lehman Brothers Holdings Inc. Ch. 11 (Case No. 08-13555 JMP)**

Dear Sirs,

please find attached the B 210A Form which we have completed in order to notify you the transfer of our Lehman Programs Securities from Clearstream account number 76228 (unpublished) to Clearstream account number 88511 held by BNP Paribas on Banca del Piemonte's behalf.

For your reference, please also find attached copy of our proof of claim.

For any information, do not hesitate to contact us at the following e-mail address: [legale@bancadelpiemonte.it](mailto:legale@bancadelpiemonte.it).

Best regards,

BANCA DEL PIEMONTE


<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000049619	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		THIS SPACE IS FOR COURT USE	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>BANCA DEL PIEMONTE CON UNICO SOCIO SPA (ON BEHALF OF ITS CLIENTS) VIA CERNIAIA, 7 - 10121 TORINO - ITALY FAP: ILARIA SICA</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Telephone number: <b>00390115652334</b> Email Address: <b>i.sica@BANCA.DELAPIEMONTE.IT</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above)    Telephone number: _____ Email Address: _____			
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$ <b>2,842,561.73</b> (Required) <b>SEE SCHEDULE ATTACHED</b>			
<input checked="" type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): _____ (Required) <b>SEE SCHEDULE ATTACHED</b>			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: _____ (Required) <b>SEE SCHEDULE ATTACHED</b>			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <b>76228 (UNPUBLISHED)</b> (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY <b>FILED / RECEIVED</b> <b>OCT 27 2009</b> <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b>	
Date: <b>10.23.2009</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>GENERAL MANAGER [Signature]</b>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

LEHMAN BROTHERS

LEHMAN PROGRAM SECURITIES - LBHI				
ISIN CODE	CLEARSTREAM BANK BLOCKING NUMBER	FACE VALUE	INTERESTS UP TO 09.14.2008	TOTAL AMOUNT
XS0179304869	CA39635	138,679.80	832.04	139,511.84
XS0183944643	CA39625	134,434.50	4,222.19	138,656.69
XS0189741001	CA39633	1,228,306.80	12,515.22	1,240,822.02
XS0193035358	CA39627	14,151.00	49.18	14,200.18
XS0205185456	CA39630	94,811.70	467.24	95,278.94
XS0210414750	CA39632	24,953.60	790.88	25,744.48
XS0213899510	CA39631	157,076.10	3,253.40	160,329.50
XS0252834576	CA39628	212,265.00	3,093.83	215,358.83
<b>TOTAL AMOUNT</b>		<b>2,004,678.5</b>	<b>25,223.98</b>	<b>2,029,902.48</b>
LEHMAN PROGRAM SECURITIES - LBT				
ISIN CODE	CLEARSTREAM BANK BLOCKING NUMBER	FACE VALUE	INTERESTS UP TO 09.14.2008	TOTAL AMOUNT
XS0176153350	CA39623	434,435.70	12,357.87	446,793.57
XS0181945972	CA39624	28,302.00	677.03	28,979.03
XS0189294225	CA39634	131,604.30	2,242.52	133,846.82
XS0200284247	CA39626	28,302.00	844.35	29,146.35
XS0211814123	CA39629	169,812.00	4,081.48	173,893.48
<b>TOTAL AMOUNT</b>		<b>792,456.00</b>	<b>20,203.25</b>	<b>812,659.25</b>
<b>TOTAL AMOUNT LBHI &amp; LBT</b>				<b>2,842,561.73</b>
THIS PROOF OF CLAIM IS FILED ON BEHALF OF THE CLIENTS OF THE BANK				

BANCA DEL PIEMONTE

GENERAL MANAGER

		Track this shipment via the DHL Web Site : <a href="http://www.dhl.com">http://www.dhl.com</a>	
<b>1 Payer account number and insurance details</b> Change to <input type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash Payer Account No. <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<b>Shipment Air Waybill</b> (Non negotiable)	
<b>2 From (Shipper)</b> Shipper's account number 100333003		Contact name #	
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)			
Company name BANCA DEL PIEMONTE SPA Address BACK OFFICE TIRINO V. CERNALIA, 7 TORINO			
Postcode/Zip Code (required) 10121		Phone, Fax or Email (required) 011/5652254	
<b>3 To (Receiver)</b>			
LEHMAN BROTHERS HOLDINGS CLAMS PROCESSING CENTER 40 EPIQ BANKRUPTCY SOLUTION LLC FDR STATION POBOX 5076 NEW YORK 10150-5076			
Postcode/Zip Code (required) 10150-5076		Country NEW YORK	
Contact person AMERICA		Phone, Fax or E-mail (required)	
(*) Il mittente dichiara di accettare che il peso effettivo/volumetrico che verrà assunto per l'applicazione della tariffa, sia quello determinato elettronicamente da DHL, anche se discordante con i dati qui riportati.			
Signature Date 13/05/2011			
<b>4 Shipment details</b> Total number of packages Total Weight Dimensions in cm Length Height Width @ @ @ @ @ @ @ @ @			
<b>5 Full description of contents</b> Give content and quantity			
<b>6 Non Document Shipment (Customs Requirement)</b> Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/SSN MAY 18 2011 EPIQ BANKRUPTCY SOLUTIONS, LLC			
<b>7 Shipper's agreement (Signature required)</b> Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse). <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other			
<b>8 Services</b> International <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Domestic <input type="checkbox"/> Union EU <input type="checkbox"/> Not all services are available to and from all locations <input type="checkbox"/> EXPRESS 9:00 (10:30 to the USA) <input type="checkbox"/> EXPRESS 12:00 <input type="checkbox"/> EXPRESS / WORLDWIDE <input type="checkbox"/> EXPRESS ENVELOPE <input type="checkbox"/> Other Optional Services (extra charges may apply) <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick up <input type="checkbox"/> Delivery Notification <input type="checkbox"/> Other DHL Global Mail <input type="checkbox"/> gnd Standard <input type="checkbox"/> Other			
DIMENSIONAL/CHARGEABLE WEIGHT kg gr			
CHARGES Services Other Insurance VAT CURRENCY TOTAL			
TRANSPORT COLLECT STICKER No.			
Picked up by Route No. Time Date			

Consignee / Parcel copy



**ESS**

(J)JDO1 3049 2145 2006 9120

(2L)US10150+42000000

MAYBILL 15 1470 2700

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Account No

Day Time

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